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CONFIRMATION NO. 5492

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/649,283	08/26/2003	700	1797	4L01.1-066

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**** CONTINUING DATA *******

This application is a DIV of 09/436,323 11/08/1999 PAT 6,602,469
 which claims benefit of 60/107,707 11/09/1998
 and claims benefit of 60/144,705 07/20/1999

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

11/17/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ID	SHEETS DRAWINGS 30	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					

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 UNITED STATES

TITLE

Personal Health Card Accessed Secure Medical Data Storage System

FILING FEE RECEIVED 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit